

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/743717** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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TOTAL IND.	1		1			
TOTAL DEP.	10		10			
TOTAL CLAIMS	11		11			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS